

CIVIL RIGHTS COMPLAINT

42 U.S.C. § 1983

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF NEW YORK

FILED
IN CLERK'S OFFICE
U.S. DISTRICT COURT, N.Y.

Rony Compae 16000339
Full name of plaintiff/prisoner ID#

★ FEB 25 2016 ★

Plaintiff,

JURY TRIAL DEMAND
YES NO

-against-
FUSARO, MATTHEW (8335)*

Enter full names of defendants
[Make sure those listed above are
identical to those listed in Part III.]

Defendants.

CV 16 1035

AZRACK, J.

SHIELDS, M.J.

I. Previous Lawsuits:

A. Have you begun other lawsuits in state or federal court dealing with the same facts involved in this action or otherwise relating to your imprisonment? Yes () No ()

B. If your answer to A is yes, describe each lawsuit in the space below (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same outline.)

1. Parties to this previous lawsuit:

Plaintiffs: _____

Defendants: _____

2. Court (if federal court, name the district;
if state court, name the county)

3. Docket Number: _____

4. Name of the Judge to whom case was assigned: _____

5. Disposition: (for example: Was the case dismissed? Was it appealed? Is it still pending?)

6. Approximate date of filing lawsuit: _____

7. Approximate date of disposition: _____

II. Place of Present Confinement: NASSAU COUNTY CORRECTIONAL CENTER ^{County}

A. Is there a prisoner grievance procedure in this institution? Yes () No (✓)

B. Did you present the facts relating to your complaint in the prisoner grievance procedure? Yes () No ()

C. If your answer is YES,

1. What steps did you take? _____

2. What was the result? _____

D. If your answer is NO, explain why not HAPPENED BEFORE
THE ARREST

E. If there is no prison grievance procedure in the institution, did you complain to prison authorities? Yes (✓) No ()

F. If your answer is YES,

1. What steps did you take? LET ~~THE~~ EVERY BODY KNOW
AS I WAS GETTING PROCESSED IN
NASSAU CORRECTION

2. What was the result? NOTHING TREATED. BANDAID
AND OINTMENT

III. Parties:

(In item A below, place your name in the first blank and place your present address in the second blank. Do the same for additional plaintiffs, if any.)

A. Name of plaintiff Rony COMPERE

Address 100 CARMEN AVE EAST MEADOW N.Y 11554-1160

(In item B below, place the full name and address of each defendant)

B. List all defendants' names and the addresses at which each defendant may be served. Plaintiff must provide the address for each defendant named.

Defendant No. 1

FUSARD, MATHEW (8335)

(CHECK POLICE DEPARTMENT OF MASSAC)

FOR ADDRESS

Defendant No. 2

Defendant No. 3

Defendant No. 4

Defendant No. 5

[Make sure that the defendants listed above are identical to those listed in the caption on page 1].

IV. Statement of Claim:

(State briefly and concisely, the facts of your case. Include the date(s) of the event(s) alleged as well as the location where the events occurred. Include the names of each defendant and state how each person named was involved in the event you are claiming violated your rights. You need not give any legal arguments or cite to cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. You may use additional 8 1/2 by 11 sheets of paper as necessary.)

I WAS SITTING ON PASSENGER SIDE OF THE TRUCK (BLACK TAHOE) WHEN MATTHEW TOLD ME "PUT HANDS UP". I DID WHILE HOLDING MY IPHONE 6S WITH MY RIGHT HAND WHEN ONE OF THE OFFICERS SAID "GUN!!" I WAS SCARED AND RAN TO THE SIDE YARD OF 105 BRISBANE LANE IN EAST MEADOW, NY. WITHIN 30 SECONDS OR SO I WAS SURROUNDED (POLICE, NASSAU) WHEN I WAS HANDCUFFED. MATTHEW STARTED PUNCHING ME ~~CONTINUOUSLY~~ CONSISTLY ON MY RIGHT SIDE OF MY HEAD, THEN SLAM MY HEAD TO THE BRICK WALL OF THE HOUSE. HE STOPPED WHEN ONE OF THE OLDER OFFICERS SAID THAT'S "ENOUGH!!" I WAS TAKEN TO AMBULANCE, WHERE I RECEIVED A COUPLE OF BANDAIDES AND OINTMENT.

IV.A

If you are claiming injuries as a result of the events you are complaining about, describe your injuries and state what medical treatment you required. Was medical treatment received?

TWO CUTS OVER MY RIGHT EYE, SWOLLEN RIGHT UPPER CHEEK WITH SKIN OFF OFF ABRASSION, 2 BANDAIDES AND OINTMENT

V. Relief:

State what relief you are seeking if you prevail on your complaint.

to check my mental state, and
inside head injury for long term.

I declare under penalty of perjury that on 2-19-16, I delivered this
(Date)
complaint to prison authorities to be mailed to the United States District Court for the Eastern
District of New York.

Signed this 19 day of february, 2016. I declare under penalty of perjury that the foregoing is true and correct.

Ron Campbell
Signature of Plaintiff

NASSAU County Community
Name of Prison Facility

100 CARMEN AVE

EAST MEADOW

NY 11554-1160

Address

16600339

Prisoner ID#